MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		1				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		2				
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22		1				
23		1				
24	1					
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46						
47						
48						
49						
50						
TOTAL IND.	18					
TOTAL DEP.	18					
TOTAL CLAIMS	35					

		IND	DEP	IND	DEP	IND	DEP
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							